

***Massachusetts Office for Victim Assistance  
Drunk Driving Trust Fund (DDTF) Program  
January 1, 2006 through June 30, 2007  
Budget Narrative***

Agency \_\_\_\_\_ Date \_\_\_\_\_

*Please provide, in detail, an explanation of the costs associated with each of the following pages in your requested budget.*

- 1. Personnel :** Complete the following information regarding personnel. You may also include volunteers or interns supporting the project. Information provided here should correspond to requested funding on the Personnel page.

Employee Name	Title	Total Employed hrs.	DDTF-Funded hrs.	Other Funding supporting X hrs. of position	Hourly rate or Salary	Fringe Rate
EX: Jane Smith	Clinician	35	20	VOCA-15 hrs	\$17/hr	18%

**Other Comments:**

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**2. Consultants:**

Consultant	Agency	Hours/78 weeks	Rate of Pay	DDTF-Allowable service to be provided by consultant
EX: Neela Lahtey	Private practice	156 hours	\$35/hr	Clinical Supervision

**Other Comments:**

**3. Office/Administrative:** Provide a calculation or formula as appropriate for pro-rated costs, etc. Provide a brief statement explaining how the item supports the program.

Line Item	Calculation or formula for Request/Reason Requested

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**Other Comments:**

- 4. Other:** Provide a calculation or formula as appropriate for pro-rated costs, mileage, etc. For any direct costs for clients (child care or transportation costs), detail how such costs will be determined, distributed, and tracked. Provide a brief statement explaining how the item supports the program. Any public awareness expenses must be broken out and detailed here.

Line Item	Calculation or formula for Request/Reason Requested

**Other Comments:**